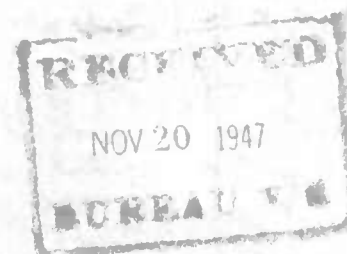


Address: ..... Date signed: 11/12/4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The more information you supply, the more certain will be the diagnosis. Physicians: please write the causes of death clearly and legibly. This is especially important.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

09870

Reg. Dist. No. 64

## 1. PLACE OF DEATH:

County Caroline  
 City or town Federalburg - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 55 years  
 Hospital, institution, or street address where death occurred:  
Federalburg - Hubert Road  
 How long in hospital or institution? —

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline  
 City or town Federalburg - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Federalburg - Hubert Road  
 (If rural, give LOCATION)  
 2(a) If veteran, name war —

## 3. (a) FULL NAME

Walter Van Gutzner

## 3. (b) Social Security Number

None

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>	
6. (b) Name of husband or wife <u>Annie Van Gutzner</u>			
6. (c) If alive, give age <u>59</u> years			
7. Birth date of deceased (mo., day, yr.) <u>December 10, 1971</u>			
8. AGE:	Years <u>75</u>	Months <u>10</u>	Days <u>28</u> It less than one day ..... hrs. .... min.
9. Birthplace <u>France</u> (Town, county, and state)			
10. Usual occupation <u>Florist</u>			
11. Industry or business <u>Flowers and shrubbery</u>			
FATHER	12. Name <u>No data available</u>		
	13. Birthplace		
MOTHER	14. Maiden name <u>No data available</u>		
	15. Birthplace		

16. Informant <u>Mrs. Annie Van Gutzner</u>			
Address <u>Federalburg, Maryland, R.F.D.</u>			
17. <u>Burial</u> (Burial, cremation, or removal. Which?)		Date thereof <u>November 11, 1947</u> (month) (day) (year)	
Cemetery or crematory <u>Hill Crest Cemetery</u>			
Location <u>Federalburg, Maryland</u>			
18. Funeral director <u>J. J. Fradumpton and Son</u>			
Address <u>Federalburg, Maryland</u>			
19. <u>November 10, 1947</u> (Date rec'd by registrar)		<u>S. S. Fradumpton</u> Registrar	

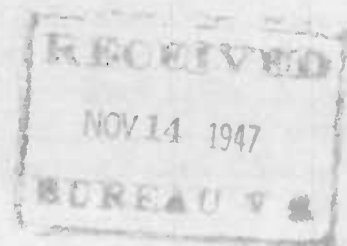
## MEDICAL CERTIFICATION

20. DATE OF DEATH <u>November 8, 1947</u> at <u>9:30 P.</u> M.	
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>10-7-47</u> to <u>11-8-47</u> and that I last saw him alive on <u>11-8-47</u>	
Immediate cause of death <u>Metastatic Carcinoma to Rt. Ilium with General debility</u>	DURATION <u>8 MO</u>
Due to <u>Primary Carcinoma of prostate</u>	<u>14 MO</u>
Other conditions	
(Include pregnancy within 3 months of death)	

Major findings of operations..... Date of op. ....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:	
Accident, suicide, or homicide.....	Date of .....
Where did injury occur? .....	(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....	
Means of injury .....	Injured at work?
23. SIGNATURE <u>W. C. Gerson M.D.</u> M. D. or other	
Address <u>Federalburg Md</u> Date signed <u>11-10-47</u>	



(For newborn infants give residence of mother)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
DEC 2 1947  
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

09872

## CERTIFICATE OF DEATH

Reg. Dist. No. 64

## 1. PLACE OF DEATH:

County Caroline  
 City or town Federalburg  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 52 years  
 Hospital, institution, or street address where death occurred:  
216 Academy Avenue  
 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Caroline  
 City or town Federalburg  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 216 Academy Avenue  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war —

## 3. (a) FULL NAME

Maggie M. Harper

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife William James Harper  
 6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) November 23, 1868

8. AGE: Years 79 Months 0 Days 5 It less than one day — hrs. — min.

9. Birthplace Dorchester County, Maryland  
 (Town, county, and state)

10. Usual occupation Housework

11. Industry or business Home

FATHER 12. Name No data available  
 13. Birthplace —

MOTHER 14. Maiden name Lucinda E. Griffith  
 15. Birthplace Dorchester County, Maryland

16. Informant Miss Naomi J. Harper  
 Address Federalburg, Maryland

17. Burial Date thereof December 1, 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Hill Crest Cemetery  
 Location Federalburg, Maryland

18. Funeral director J. J. Frampton & Son  
 Address Federalburg, Maryland

19. December 1, 1947 S. S. Frampton  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 28, 1947 at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 28 1947 to Nov 28 1947

and that I last saw him alive on 11/28 1947

Immediate cause of death Coronary Thrombosis DURATION 1 hr.

Due to —

Due to —

Other conditions Chronic myocarditis 5 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

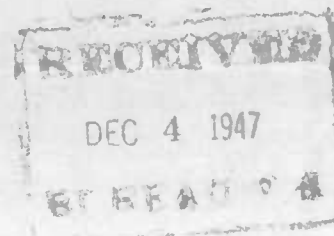
Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE Frank M. Anderson M.D.  
Federalburg, Md. M. D. or other —

Address — Date signed 12/1/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 62

## 1. PLACE OF DEATH:

County..... Caroline  
 City or town..... Denton  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... Life  
 Hospital, institution, or street address where death occurred:  
 .....  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State..... Ind County..... Caroline  
 City or town..... near Denton  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Lee Hignutt  
 4. Sex..... M 5. Color or race..... W 6.(a) Single, married, widowed, or divorced..... Divorced

## 3. (b) Social Security Number

## 6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)..... UNKNOWN 1873 6.(c) If alive, give age..... years

8. AGE: Years..... 74 Months..... Days..... If less than one day..... hrs. .... min.

9. Birthplace..... Concord, Caroline, Ind.  
 (Town, county, and state)

10. Usual occupation..... Farmer

11. Industry or business..... Farming

12. Name..... Elizak Hignutt

13. Birthplace..... Maryland

14. Maiden name..... Ellen Murphy

15. Birthplace..... Maryland

16. Informant..... Mark Hignutt

Address..... Denton, Maryland

17. (Burial, cremation, or removal, Which?)..... Burial Date thereof..... 11-22-47  
 (month) (day) (year)

Cemetery or crematory..... Concord

Location..... Concord, Maryland

18. Funeral director..... J. Hignutt Hignutt

Address..... Denton, Maryland

19. 11/21 47 Ind. & P. George  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... Nov. 20 1947 at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
June 1946 to Nov. 20 1947  
 and that I last saw him alive on Nov 19 1947

Immediate cause of death..... Cerebral Hemorrhage DURATION 6 hrs - 39m  
Arteriovascular Head Disease

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... Amos D. George M. D. or other

Address..... Denton Ind Date signed 11/21/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age in especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

09874

## CERTIFICATE OF DEATH

Reg. Diat. No.

## 1. PLACE OF DEATH:

County..... Caroline  
 City or town..... Greensboro  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... 5 weeks  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

4. Sex..... m 5. Color or race..... w 6. (a) Single, married, widowed, or divorced..... widow

## 6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)..... Aug. 13<sup>th</sup> 1872 6. (c) If alive, give age..... years

8. AGE: Years..... 75 Months..... 3 Days..... 5 If less than one day..... hrs. .... min.

## 9. Birthplace

## 10. Usual occupation

## 11. Industry or business

12. Name..... John Douglas

13. Birthplace..... Ireland

14. Maiden name..... not known

15. Birthplace..... Ireland

16. Informant..... Melrose Board

Address..... Caroline County

17. Burial (Burial, cremation, or removal, Which?) Date thereof..... 11-15-47 (month) (day) (year)

Cemetery or crematory..... Holly Cross Cemetery

Location..... near Denton

18. Funeral director..... J. Virgil Moore

Address..... Denton Md

19. 11/14 (Date rec'd by registrar) 19 47 Mr B.P. Jorg Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State..... Maryland County..... Caroline  
 City or town..... Denton  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... Nov. 12 19 47 at 8:38 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 19 44 to Nov 12 19 47

and that I last saw him/her alive on Nov 10 19 47

Immediate cause of death..... Chronic Myocarditis DURATION..... 12 mos.

Due to..... Arteriosclerosis 2 yr

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... Amos O. George M. D. or other

Address..... Denton Date signed..... 11/14/47

RECEIVED

NOV 17 1947

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

09875

84

## 1. PLACE OF DEATH:

County CarolineCity or town Greensboro  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Mrs. Steward's Nursing Home

How long in hospital or institution?

2 Weeks

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Federalburg - Rural  
(If outside city or town limits, write RURAL and give nearest town)Street No. Preston Road  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Mary E. Merkel

## 3. (b) Social Security Number

None

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed

## 6. (b) Name of husband or wife

George Merkel8. (c) If alive, give age - years

## 7. Birth date of

deceased (mo., day, yr.)

September 19, 1867

## 8. AGE:

Years

80

Months

2

Days

1

If less than one day

hrs. min.

## 9. Birthplace

Liberty, Pennsylvania  
(Town, county, and state)

## 10. Usual occupation

Housework

## 11. Industry or business

Home

FATHER

## 12. Name

No data available

## 13. Birthplace

MOTHER

## 14. Maiden name

No data available

## 15. Birthplace

## 16. Informant

Mrs. Edward F. Bolas

## Address

Federalburg, Maryland, R.F.D.

## 17.

(Burial, cremation, or removal, Which?)

BurialDate thereof November 22, 1947  
(month) (day) (year)

## Cemetery or crematory

Field Crest Cemetery

## Location

Federalburg, Maryland

## 18. Funeral director

J. J. Frankston and Son

## Address

Federalburg, Maryland

## 19.

November 22 1947  
(Date rec'd by registrar)J. J. Frankston  
Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH November 20, 1947 at 6:54 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

September 8, 1947 to Nov. 20, 1947and that I last saw him alive on November 19, 1947

Immediate cause of death

Carcinoma of Ovary

Due to

Due to

Other conditions

Chronic Myocarditis

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Charles H. Stoenig  
M.D. or other  
Address Greensboro Md. Date signed 11-20-47

INTERNAL CONTENT

RECEIVED

NOV 29 1947

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 61

09876

## 1. PLACE OF DEATH:

County CarolineCity or town Greensboro Md.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution? none

## 2. USUAL RESIDENCE (HOME) OF DECEASED

(For newborn infants give residence of mother)

State Md. County CarolineCity or town Greensboro  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Alfred Mosley

## 3. (b) Social Security Number

no

4. Sex

male

5. Color of face

black

6.(a) Single, married, widowed, or divorced

single

6.(b) Name of husband or wife

single

6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.)

Sept 5 1909

8. AGE:

Years 38

Months

Days

If less than one day

.....hrs. ....min.

9. Birthplace

Delaware.  
(Town, county, and state)

10. Usual occupation

laborer.

11. Industry or business

12. Name

Enoch Mosley

13. Birthplace

Delaware.

14. Maiden name

Mary E Mosley

15. Birthplace

Delaware.

16. Informant

Mary E Mosley

Address

Greensboro, Md.

17. (Burial, cremation, or removal. Which?)

Burial

Date thereof

Nov 19 1947  
(month) (day) (year)

Cemetery or crematory

First Branch Cemetery

Location

new road Del.

18. Funeral director

Calvin Blair

Address

102 S. Main St. S. D.

19. (Date rec'd by registrar)

Nov 18 1947

Registrar

L. M. Pippin

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 16 1947 at 10:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 1 1947 to Nov. 16 1947and that I last saw him/her alive on November 15 1947

Immediate cause of death

Coronary arterythrombosis

Due to

Due to

Other conditions

Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Charles H. Hough

M. D. or other

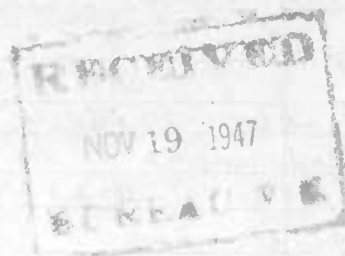
Address

Greensboro, Md.

Date signed

Nov 16 1947

DURATION



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 64

09877

## 1. PLACE OF DEATH:

County Caroline  
 City or town Federalburg  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
North Main Street  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline  
 City or town Federalburg  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. North Main Street  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war.....

## 3. (a) FULL NAME

Edith J. Mowbray

## 3. (b) Social Security Number

None

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed

## 6. (b) Name of husband or wife

William A. Mowbray

## 6. (c) If alive, give age..... years

## 7. Birth date of

deceased (mo., day, yr.) February 28, 1866

## 8. AGE:

Year

81

Months

8

Days

22

If less than one day

..... hrs. .... min.

## 9. Birthplace

Federalburg, Maryland  
(Town, county, and state)

## 10. Usual occupation

Housework

## 11. Industry or business

Home

## FATHER

## 12. Name

Charles W. Jefferson

## 13. Birthplace

Dorchester County, Maryland

## MOTHER

## 14. Maiden name

Caroline J. Kemp

## 15. Birthplace

Probably Talbot County, Maryland

## 16. Informant

Miss Delia M. Mowbray

## Address

Federalburg, Maryland

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof November 22, 1947  
(month) (day) (year)

## Cemetery or crematory

Wick Creek Cemetery

## Location

Federalburg, Maryland

## 18. Funeral director

J. J. Frampton and son

## Address

Federalburg, Maryland

## 19. November 22, 1947

(Date rec'd by registrar)

J. J. Frampton

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 20 1947, at 12:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 6th 1947 to Nov 20th 1947and that I last saw him alive on Nov 20th 1947

## Immediate cause of death

Chronic myocardial infarction with hypertension

## DURATION

10 yrs

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury

Injured at work?

23. SIGNATURE

W. E. Jefferson MD

M. D. or other

Address Federalburg, Md Date signed 11-22-47

REMOVED  
DEC 2 1947  
BUREAU 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

098782

## 1. PLACE OF DEATH:

County..... Caroline  
 City or town..... Denton  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... 1 yr  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State..... Ind County..... Caroline  
 City or town..... Denton  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war.....

## 3. (a) FULL NAME

James Edward Nichols

## 3. (b) Social Security Number

## 4. Sex

M

## 5. Color or race

W

## 6. (a) Single, married, widowed, or divorced

married

## 6. (b) Name of husband or wife

Lillie Nichols

## 7. Birth date of deceased (mo., day, yr.)

Nov. 17, 1876

## 6. (c) If alive, give age..... years

80

## 8. AGE:

Years

Months

Days

If less than one day

701114

hrs.

min.

## 9. Birthplace

Harmony, Caroline, Ind  
(Town, county, and state)

## 10. Usual occupation

clothing store

## 11. Industry or business

## MOTHER FATHER

## 12. Name

James H. Nichols

## 13. Birthplace

Dorchester Co. Md

## 14. Maiden name

Lillie Payne

## 15. Birthplace

Caroline Co. Md

## 16. Informant

Lillie Nichols

## Address

Denton, Maryland

## 17.

## (Burial, cremation, or removal. Which?)

Burial

## Date thereof

Nov 3, 1947  
(month) (day) (year)

## Cemetery or crematory

Denton

## Location

Denton Cemetery

## 18. Funeral director

J. Virgil Moore & Son

## Address

Denton, Ind.

## 19.

## (Date rec'd by registrar)

11/131947MAD Jones

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... Nov 1..... 19 47..... at..... 1 A..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 2219 43to..... Nov 119 47

and that I last saw him..... alive on.....

Oct. 3119 47

Immediate cause of death

Myocardial heart disease

DURATION

4 yr

Due to.....

Due to.....

Other conditions

Coronary artery atherosclerosis3 yr

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

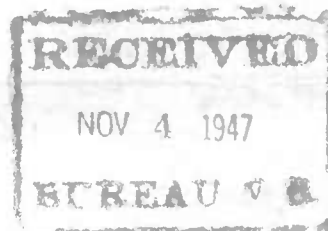
23. SIGNATURE

L. Paul Throth M.D.

M. D. or other

Address.....

Denton IndDate signed..... 11/13/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

09879

Reg. Diat. No. 62

## 1. PLACE OF DEATH:

County CarolineCity or town Denton  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 66 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Del. County CarolineCity or town Denton  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3.(a) FULL NAME

Luzie George Redden

## 3.(b) Social Security Number

4. Sex

F

5. Color or race

W.

6.(a) Single, married, widowed, or divorced

Widow6.(b) Name of husband or wife Frank Redden (Deceased)

7. Birth date of

deceased (mo., day, yr.)

Aug. 12<sup>th</sup> 1860

6.(c) If alive, give age \_\_\_\_\_ years

8. AGE:

Years

Months

Days

If less than one day

8730

hrs.

min.

9. Birthplace

Coscodale, Del.

(Town, county, and state)

10. Usual occupation

at home

11. Industry or business

MOTHER FATHER

12. Name

George Phillips

13. Birthplace

Delaware

14. Maiden name

Caroline Cannon

15. Birthplace

Delaware

16. Informant

Blanche Hobbs

Address

Denton, Del.

17.

(Burial, cremation, or removal. Which?)

Buried

Date thereof

11-15-47

(month) (day) (year)

Cemetery or crematory

Denton Cemetery

Location

Denton, Maryland

18. Funeral director

J. Virgil Moore & Son

Address

Denton, Del.

19.

(Date rec'd by registrar)

11/13

1947

Frank D. Jones

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov. 12 1947 at 8<sup>28</sup> M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April1943, toNov. 12 1947

and that I last saw him alive on

Nov. 121947

Immediate cause of death

DURATION

Chronic Hypertension10 yrs

Due to

Due to

Other conditions

Chronic Arteriosclerosis12 yrs

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Hanson & George

M, D, or other

Address

Denton, Del.Date signed 11/13/47

RECEIVED

NOV 17 1947

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

09880

Reg. Dist. No. 62

## 1. PLACE OF DEATH

County..... *Caroline*  
 City or town..... *Denton*  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... *30*  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... *Ind* County..... *Caroline*  
 City or town..... *Denton*  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war.....

## 3. (a) FULL NAME

*Emma Lucas Rutter*

## 3. (b) Social Security Number

4. Sex..... *F* 5. Color or race..... *W* 6. (a) Single, married, widowed, or divorced..... *widowed*  
 6. (b) Name of husband or wife..... *Walter Rutter*  
 6. (c) If alive, give age..... years  
 7. Birth date of deceased (mo., day, yr.)..... *June 14, 1871*  
 8. AGE: Years..... *76* Months..... *4* Days..... *16* If less than one day..... hrs. .... min.

9. Birthplace..... *Ruthtown, Owen County, Ind*  
(Town, county, and state)10. Usual occupation..... *Housewife*

11. Industry or business.....

12. Name..... *Wm. D. Lucas*13. Birthplace..... *Caroline Co*14. Maiden name..... *Louisa Jones*15. Birthplace..... *Catharine, Ind*16. Informant..... *Mrs John Bagge*Address..... *Denton, Ind*17. *Burial* Date thereof..... *Mar 3, 1947*  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory..... *Denton*Location..... *Denton, Ind*18. Funeral director..... *J. Virgil Morrison*Address..... *Denton, Ind*19. *11/3/47* *M. D. O. George*  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... *Nov. 1* 19..... *47* at..... *12:30 A*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*Dec* 19..... *47* to..... *Nov 1* 19..... *47*and that I last saw him/her alive on..... *Nov. 1* 19..... *47*

Immediate cause of death..... DURATION.....

*Chronic Myocarditis* *3 yr*

Due to.....

Due to..... *Atherosclerosis* *5 yr*

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

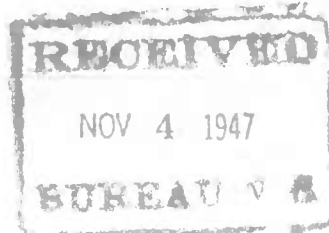
Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... M. D. or other

Address..... *Denton* Date signed..... *11/3/47*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

09881

Reg. Dist. No. 41

## 1. PLACE OF DEATH:

County Caroline  
 City or town near Denton  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 20 years  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Ind County Caroline  
 City or town near Denton Rd.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Valencia Elizabeth Shaffer

## 3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced married  
 6. (b) Name of husband or wife Geo Shaffer  
 6. (c) If alive, give age 67 years  
 7. Birth date of deceased (mo., day, yr.) - 1885  
 8. AGE: Years 62 Months \_\_\_\_\_ Days \_\_\_\_\_ It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Virginia  
 (Town, county and state)  
 10. Usual occupation at home

## 11. Industry or business

Linden Haphis

12. Name Mary Sidney B. Rockhart  
 13. Birthplace Denton, Ind.

14. Maiden name Geo. Shaffer  
 15. Birthplace Husband

16. Informant Ad. Denton  
 Address near Denton

17. (Burial, cremation, or removal. Which?) Burial Date thereof 11-14-47  
 (month) (day) (year)  
 Cemetery or crematory Denton Cemetery  
 Location Denton, Ind.

18. Funeral director J. Virgil Moore & Son  
 Address Denton, Ind.

19. Nov 13 1947 L. Mae Pippin  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 10 1947 at \_\_\_\_\_ M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 4 1947 to Nov 10 1947  
 and that I last saw him/her alive on Nov 10 1947

Immediate cause of death Acute Pulmonary Edema DURATION \_\_\_\_\_

Due to Hypertensive Crisis

Due to Vascular Disease

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

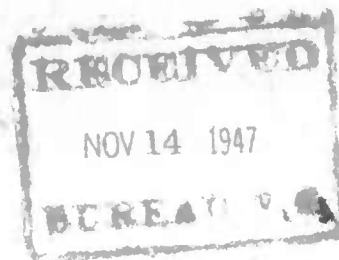
Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Manner of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Charles W. Hines M. D. for

Address near Denton Date signed Nov 13 1947



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 09882

### 1. PLACE OF DEATH:

County Caroline  
City or town Preston  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 4 months  
Hospital, institution, or street address where death occurred:  
  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline  
City or town Preston (rural)  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2. (a) If veteran, name war

### 3. (a) FULL NAME

CHARLES WILLIAM TALLMAN

### 3. (b) Social Security Number

146-05-2267

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married  
6. (b) Name of husband or wife Alice M. Tallman  
6. (c) If alive, give age 42 years  
7. Birth date of deceased (mo., day, yr.) October 17, 1899  
8. AGE: Years 48 Months 19 Days 19 If less than one day hrs. min.

9. Birthplace Cresskill, N. J.  
(Town, county, and state)

10. Usual occupation Banker

11. Industry or business

FATHER 12. Name Egbert Tallman  
13. Birthplace Cresskill, N. J.  
MOTHER 14. Maiden name Emma L. Voorhis  
15. Birthplace Demarst, N. J.

16. Informant Mrs. Alice M. Tallman  
Address Preston, Md.

17. Burial Date thereof Nov. 10, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Brookside, N. J.  
Location Englewood, N. J.

18. Funeral director W. H. Hollis & Son  
Address Preston, Md.

19. Nov. 6 19 47 C. D. Plummer  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH November 5th 19 47 at 5:35 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 5 19 47, to November 5 19 47, and that I last saw him alive on November 5th 19 47.

Immediate cause of death Acute Coronary Occlusion DURATION 1 Hr

Due to Coronary Sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Hubert R. Plummer M.D. M.D. of other

Address Preston Maryland Date signed 11/6/47

MARGIN RESERVED FOR BINDING

VS A15

9.45.15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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NOV 8 1947

REAU

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH: Caroline  
County Greensboro Rural  
City or town 47 yrs.  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Caroline  
City or town Greensboro Rural  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
2.(a) If veteran, name war \_\_\_\_\_

3. (a) FULL NAME Robert Zacharias

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) March 24 - 1873 6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 74 Months 8 Days 0 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Greensboro Caroline Md.  
(City, town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Daniel J. Zacharias

13. Birthplace Penna.

14. Maiden name Susan Moyer

15. Birthplace Penna.

16. Informant Miss. Mamin Zacharias

Address Greensboro Md.

17. Burial Date thereof 11/26/47  
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Greensboro

Location Greensboro Md.

18. Funeral director R. B. Rawlings

Address Greensboro Md.

19. Nov. 25 19 47 S. McPipin  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 24 19 47 at 12:55 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 21 19 47 to Nov 24 19 47  
and that I last saw him alive on Nov 23 19 47

Immediate cause of death Coronary Occlus. or

Due to Arteriosclerotic

Due to Cardio Vascular Disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas. H. Stoenfuk

Address Greenboro Md. Date signed Nov 24

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 29 1947